AO 239 (01/09) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

UNITED STATES DISTRICT COURT

MAY 28 2003

for the

Raymond Junior Levellyn

Plaintiff/Petitioner

V.

Defendant/Respondent

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Civil Action No.

## APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS (Long Form)

## Affidavit in Support of the Application

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Signed: Raymond gunin Lucles

1.

## Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date:	

For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly income amount during the past 12 months		Income amount expected next month		
	You	Spouse	You	Spouse	
Employment None	\$	\$	\$	\$	
Employment  Self-employment  Nowe	\$	\$	\$	\$	
In a serie from real property (such as rantal income)	\$	\$	\$	\$	
Interest and dividends  Wone	\$	\$	\$	\$	
0.0-	\$	\$	\$	\$	
Alimony  Child support  Wonc	\$	\$	\$	\$	
Child support	\$	\$	\$	\$	

Retirement (such as social security, pensions, annuities, insurance)	\$ \$		\$ 	\$
Disability (such as social security, insurance payments)	\$ \$		\$ 	\$ 
Unemployment payments Nonc	\$ \$		\$ 	\$ 
Public-assistance (such as welfare)	\$ \$		\$ _	\$ 
Other (specify): work in Kitchen for 40 cents A Day	\$ \$		\$ 	\$ 
Total monthly income	\$ 0.00 \$	0.00	\$ 0.00	\$ 0.00

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
			\$
·			\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
			\$
			\$
· · · · · · · · · · · · · · · · · · ·			\$

4.	How much cash do you and your spouse have? \$
	Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
		\$	\$
		\$	\$
		\$	\$

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

<ol> <li>List the assets, and their value household furnishings.</li> </ol>	es, which you own or your spouse ow	vns. Do not lis	st clothing and	a ordinary
	Assets owned by you or your s	pouse		
Home (Value)		·	\$	
Other real estate (Value)			\$	
Motor vehicle #1 (Value)			\$	
Make and year:		<del>"</del>		
Model:				
Registration #:				
Motor vehicle #2 (Value)			\$	
Make and year:				
Model:				
Registration #:				
Other assets (Value)			\$	
Other assets (Value)	·	**************************************	\$	
6. State every person, business	s, or organization owing you or your s	spouse money	, and the amo	unt owed.
Person owing you or your spouse	<del></del>			o your spouse
money <i>M/I</i> +	\$	\$		
	\$	\$		
	\$	\$		
7 State the manage who rely	on you or your spouse for support.			
7. State the persons who rely on Name (or, if under 18, initials only)			<u>.                                    </u>	Age
N/A				
		·		

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

Monandy rates	You	Your spouse
Rent or home-mortgage payment (including lot rented for mobile home)  Are real estate taxes included?   Yes  No  Is property insurance included?  Yes	\$	s
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$	\$
Home maintenance (repairs and upkeep)	\$	\$
Food	\$	\$
Clothing	\$	s
Laundry and dry-cleaning	\$	s
Medical and dental expenses	\$	\$
Transportation (not including motor vehicle payments)	\$	\$
Recreation, entertainment, newspapers, magazines, etc.	\$	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$	\$
Life:	\$	s
Health:	\$	\$
Motor vehicle:	\$	\$
Other:	\$	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$	\$
Installment payments		
Motor vehicle:	\$	\$
Credit card (name):	\$	\$
Department store (name):	s	\$
Other:	\$	\$
Alimony, maintenance, and support paid to others	\$	\$

I have been locked up for 6 years I don't know the Answers because my spouse Don't tell or write to nesse 1:09-cv-00385-TDS-DPD Document 1 Filed 05/28/09 Page 4 of 5

Your age: \_55 Your years of schooling:

Last four digits of your social-security number:

Regula Stateme	ar expenses for operation of business, profession, or farm (attach detailed	\$	· ·	\$	
Other	(specify):	\$		\$	
	Total monthly expenses:	\$	0.00	\$	0.00
9.	Do you expect any major changes to your monthly income or expenses on next 12 months?	r in y	our assets or lia	abilitie	s during the
	☐ Yes ☐ No If yes, describe on an attached sheet.				
10.	Have you paid — or will you be paying — an attorney any money for se including the completion of this form? ☐ Yes ☐ No	rvices	in connection	with th	nis case,
	If yes, how much? \$				
11.	Have you paid — or will you be paying — anyone other than an attorner for services in connection with this case, including the completion of this If yes, how much? \$	y (such s form	as a paralegal or? 🔲 Ye.	a typist S <b>D</b>	)/any money No
12.	Provide any other information that will help explain why you cannot pay  I have been located up for 6 years	the c	osts of these p	roceed	ings.
13.	Identify the city and state of your legal residence.  LANES bold Loss, Inst,				
	Your daytime phone number:				

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